

DO NOT WRITE
ON THIS STUDY

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

818
1003
9813
FILED OCT 29 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St. Louis,

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTIONPronounced dead at
St. Louis City Hospital,

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri, b. COUNTY

c. CITY

OR
TOWN

St. Louis,

Inside Limits

Yes ☐ No ☐d. STREET
ADDRESS

(If outside, give location)

3926 Oregon Ave.,

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First
JacobMiddle
E.Last
Euler,4. DATE
OF
DEATH

Month

Day

Year

October 10, 1962

5. SEX

Male.

6. COLOR OR RACE

White.

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4/9/1884

9. AGE (last birthday)

78

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ice and Coal Dealer

10b. KIND OF BUSINESS OR INDUSTRY

Retired 6 Years,

11. BIRTHPLACE (City and state or country)

Paderborn, Illinois,

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Euler

13b. MOTHER'S MAIDEN NAME

Mary Neff

14. NAME OF HUSBAND OR WIFE

Victorine Euler, (Dec'd).

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mehlville 29, Mo.

Ervin J. Euler, 722 Kaywood Lane,

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerosis and Diabetes

INTERVAL BETWEEN
ONSET AND DEATH

3 yrs.

DUE TO (b)

Arteriosclerosis, Generalized

yr.

DUE TO (c)

4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐20c. TIME OF
INJURY

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1960

to

Feb 1962

and last saw

her

him alive on

Feb 1962

Death occurred at

3:50 P.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

22b. ADDRESS

5203 Clayton St. W

22c. DATE SIGNED

10-12-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal.

23b. DATE

10/13/62

23c. NAME OF CEMETERY OR CREMATORY

Resurrection Cemetery,

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

(State)

24. FUNERAL DIRECTOR

Gebrken-Benz Mortuary,

ADDRESS

6342 Meramec St.
St. Louis, 18,

25. DATE RECD. BY LOCAL REG.

OCT 12 1962

REGISTRAR'S SIGNATURE

Road Smith. M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATE

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by me Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Joe B. Benz

Licensed Embalmer No. 4249
2842 Meramec St.,
P. O. Address St. Louis, 18, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.